efil	e Pu	ublic Visu	ual Render	ObjectId	: 202411209	349301421	- Submissic	on: 202	4-04-	29	T)	IN: 54-1428495
	~		Rat	turn of (	Organizat	tion Exem	nt From	Inco	mo	Tay	(	OMB No. 1545-0047
Form	9:	<b>JU</b>			•		-				Г	2022
						of the Internal			-		ions)	<b>ZUZZ</b>
									•			<b>Open to Public</b>
		f the Treasury nue Service	►G	io to <u>www.ir</u>	<u>rs.gov/Form99</u>	<u>90</u> for instructi	ons and the l	latest in	format	tion.		Inspection
A F	or th	ne 2022 ca	alendar year, o		eginning 07-0	1-2022 , and	ending 06-30	0-2023				
			C Name of organiz Community Lod							D Employe	er identif	fication number
_		-	<b>,</b>	5 5						54-1428	3495	
		-	Doing business	as								
🔾 Fin	al retu	rn/terminated							ŀ	E Telephon	a number	
			Number and str 3912 Elbert Ave		k if mail is not deliv	vered to street add	ress) Room/sui	ite				
	plicat	ion pending								(703) 54	49-4407	
			City or town, st Alexandria, VA		, country, and ZIP	or foreign postal co	ode			<b>C</b> Cross ro	nointa e 1	220.022
			F Name and a	ddress of prir	ncinal officer:				Ta Albia a		• •	,320,033
			Paul Stilp	·							urn for	🗆 Yes 🔽 No
			3912 Elbert Av Alexandria, VA					H(b)	Are all s	subordinat	es	
I Ta	x-exe	mpt status:	✓ 501(c)(3)		) 🗲 (insert no.)	□ 4947(a)(1) o					ict Coo	
1 14	ahai				) ¬ (Insert no.)		r 🗆 527					
J VV	ebsi		w.communityiou	gings.org					croup (	exemption	number	
K For	m of c	organization:	Corporation	🗌 Trust 🗌	Association 🗌 d	Other 🕨		L Year of	f formati	on: 1987	M State	of legal domicile: VA
		<u> </u>										
P	1	Sum Briefly des	cribe the organiz	zation's missi	on or most sign	ificant activities						
		Provide ed	lucational progra					sitional he	ousing	to homeles	ss famili	es to enable them to
06		become self-sufficient.										
nai		-										
Ver												
6			s box ► 🗌	urs of the gov	erning body (Pa	urt VI line 1a)					3	13
×			2		<b>0</b> , (	. ,						13
ties			ber of individua						• •			13
tivi			ber of volunteer				ie zu) i i	• •	• •		-	150
Ac			elated business r	•						-	-	0
			ated business ta								-	0
		Net uniter				, i, i alt i, inte i		<u> </u>		· · ·	7.5	Current Year
	8	Contribut	ions and grants	(Part VIII line	• 1h)						22	541,775
enu			service revenue	· ·	,							685,035
evel		-	nt income (Part )									2,582
č			enue (Part VIII, o	, ,								58,051
			enue—add lines 8							-		1,287,443
	_		nd similar amoun	-								0
			paid to or for me									0
ŝ			other compensa	-		-		as it may be made public.       Open to Inspective         nd the latest information.       Open to Inspective         ig 06-30-2023       D Employer identification nu         g 06-30-2023       E Telephone number (703) 549-4407         Room/suite       E Telephone number (703) 549-4407         g Gross receipts \$ 1,328,033         H(a) Is this a group return for subordinates?       Ye         H(b) Are all subordinates       Ye         If "No," attach a list. See instruction         H(c) Group exemption number         It Year of formation: 1987       M State of legal dor         and transitional housing to homeless families to enate	827,576			
ISe			nal fundraising f									0
Exp enses Revenue			aising expenses (P			-						
ă			penses (Part IX, o	•						655,9	90	612,907
			enses. Add lines									1,440,483
Internal Revenue S         A       For the 2         B       Check if apple         Address change       Initial return         Initial return       Amended regime         Application       Amended regime         J       Website:         K       Form of organ         Part I       Brid         Part I       Brid         Yeart I       Amended regime         Yeart I       Brid         Yeart I       Brid         Brid       Source         Yeart I       Brid         Yeart I       Source         Yeart I       Source         Brid       Source         Yeart I       Source         Brid       Source         Brid       Source         Brid       Source         Brid       Source         Brid       Source         Brid       S		-	less expenses. S	-			-					-153,040
es	1							Begin	ning of			End of Year
anc	1											
Bal	20	Total asse	ets (Part X, line 1	16)						2,043,5	31	2,096,213
et/			ilities (Part X, lin	-						2,078,2	14	2,283,937
Zű	22	Net asset	s or fund balanc	es. Subtract l	line 21 from line					-34,6	83	-187,724
		C!	ature Block									

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	IN IN						2024-04-12	
Sign	Sig	nature of officer					Date	
Here		ıl Stilp Chair						
		e or print name a	nd title					
Paic	 1	Print/Type prep	arer's name	Preparer's	signature	Date 2024-04-29	Check if self-employed	PTIN P00635040
Prep	oarer	Firm's name	Douglas Corey &	Associates PC			Firm's EIN ► 5	64-1650356
Use	Only	Firm's address	▶ 10201 Fairfax Blv				Phone no. (703	3) 354-2900
			Fairfax, VA 2203	0				_
					See Instructions.			. 🗹 Yes 🗌 No
For P	aperwork	Reduction Act	Notice, see the	e separate inst	ructions.	Cat.	No. 11282Y	Form <b>990</b> (202
					— Page 2 —			
Form	990 (2022)							Page
Par	t III Sta	atement of P	rogram Servi	ce Accomplis	hments			
					any line in this Part I			0
1		-	ization's mission:					
	le educatior ufficient.	nal programs fo	r adults and child	lren, along with	affordable and trans	itional housing to h	omeless famili	es to enable them to become
5CH 50								
2	Did the org	anization unde	rtake any signific	ant program ser	vices during the yea	r which were not li	sted on	
	the prior Fo	orm 990 or 990	-EZ?					🗌 Yes 🛛 No
	If "Yes," de	escribe these ne	ew services on Sc	hedule O.				
3	Did the org	anization cease	e conducting, or r	nake significant	changes in how it co	onducts, any progra	am	
	services?							. 🗌 Yes 🗹 No
	If "Yes," de	escribe these ch	anges on Schedu	ıle O.				
4	Section 50	1(c)(3) and 50		ions are required				neasured by expenses. iers, the total expenses,
4a	(Code:		) (Expenses \$	665,793	including grants of \$		) (Revenue \$	0)
	provide belo shelters in A	w market rental r lexandria. These f	ates to residents in f families pay 30% of	the City of Alexand their income as a	ria. During 2023, 3-5 ap program fee. The transit	partments were design tional program is a tw	nated for housing o-year program d	ram includes 45 apartments to homeless families coming from esigned to provide education, housing when they leave the
4b	(Code:		) (Expenses \$	495,745	including grants of \$		) (Revenue \$	0)
U	The Youth ar apartments.	The youth educat or the low income,	n program provides tion program is high , minority and home	educational progra ly academic, mirro less children and t	ms for adults, youths, a ring the curriculums bei	nd families living in th ng presented in the lo melessness in the futu	e neighborhood a cal schools. It is d ire. The adult edu	and in the transitional housing designed to create an atomospher ucation component focuses on
4c	(Code:		) (Expenses \$		including grants of \$		) (Revenue \$	)
4d		•	Describe in Sched	,		) (Revenue	\$	)
4d 4e	(Expenses	•	inc	lule O.) luding grants of 1,161,!	•	) (Revenue	\$	)

## 9/20/24, 9:26 AM

Form 990 (2022)

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\mathfrak{B}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. $^{50}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 🔞	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😼	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Form 990 (2022)

Form 990 (2022)

Page **4** 

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	280 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	100	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2022)

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orm 990 (	2022)
Part V	Statements Regard
2a Ente	r the number of employees

Form	990 (2022)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? $\ldots$ .	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         Image: Comparison of the state			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.
Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.

- Page 6 -

16		
17		
F	orm <b>99</b>	<b>0</b> (2022)

	990 (2022) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	0" roon	onco to	Page 6
Par	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp		
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5	105	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

C · · · · e i e e e de https://projects.propublica.org/nonprofits/organizations/541428495/202411209349301421/full

16b

#### 9/20/24, 9:26 AM

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LIST THE STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO DE THEOP 17 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 18 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website □ Another's website Upon request ○ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 Alexandria, VA 22305 (701) 549-4407 ►Karina Wiggs 3912 Elbert Ave Form 990 (2022) Page 7 Form 990 (2022) Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\ldots$  .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list	one of	<b>(C)</b> ition (do not ch box, unless pe ficer and a dire	neck erso	n is r/tri	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Paul Stilp Chair	5.00	х		x				0	0	0
	5.00									
(2) Christy Zeitz Vice Chair		х		х				0	0	0
(3) Kristen Moore Secretary	3.00	х						0	0	0
(4) Marty DeVine Director	3.00	x						0	0	0
(5) Steve Wallace Director	3.00	x						0	0	0
(6) Angela Welsh Director	3.00	х						0	0	0
(7) Selena Hutchinson Director	3.00	х						0	0	0
(8) Donna Cramer Director	3.00	х						0	0	0
(9) Quelyn Thomas Executive Director	40.00					x		130,420	0	0

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(10) Anne LaFond	3.00					0	0	0
Director		х				U	U	0
(11) Lisa Lettieri	3.00	х				0	0	0
Director		^				0	0	0
(12) Elizabeth Myllenbeck	3.00	x				0	0	0
Director		^		1		U U	L. L.	U
(13) Chelsea Neil	3.00	x				0	0	0
Director		^						U
(14) Thomas McFarlane	3.00	x				0	0	0
Director		X				U	0	U
								orm <b>990</b> (2022)

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## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	<b>(B)</b> Average hours per week (list		(C) on (do not chec unless person i and a directo	s bc	oth a	n offic		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations
1b Sub-Total								· · · · · · · · · · · · · · · · · · ·		
d Total (add lines 1b and 1c) .								130,420	0	0
2 Total number of individuals (ind	cluding but not	limited	to those listed	abo	ve) v	who re	eceiv	ved more than \$100	,000	

of reportable compensation from the organization  $\blacktriangleright 1$ 

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on
	line 1a? If "Yes," complete Schedule J for such individual

Yes No

3

		-	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		
		5	No

## Section B. Independent Contractors

 1
 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

 (A)
 (B)
 (C)

Name and business address	Description of services	Compensation					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >							
		Form 000 (2022)					

Form 990 (2022)

				Page 9			
Form 990 (20	)22)						Page <b>9</b>
Part VIII	Statement of Re	venue					
	Check if Schedule O	contains a res	ponse or note to any	line in this Part VIII		<u></u>	<u> </u>
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions	ed campaigns 5,	1a					
DtherAmt	ship dues	1b					
Similar Arfioli Htsdrais	ing events	1c					
<b>d</b> Related o	organizations	1d					
	ent grants (contributions) 6,860	1e					
f All other o	contributions, gifts, grants, ar amounts not included	1f					
<b>g</b> Noncash c lines 1a -	4,915 contributions included in 1f:\$ 4,908	1g					
	dd lines 1a-1f		. ► 541,775				
·			Business Code				
	l and rental related		531110	646,796			0 0
rogra Progra : : : : : : :	am fee		999999	38,239			0 0
vice F							
- Ser							
Progra							ļ
<b>f</b> All ot	ther program service re						
	al. Add lines 2a-2f		685,035	I			1
similar	amounts)		►	2,582			0 2,582
	ie nom investment of to	an exempt DU				1	1

	,			· · ·				
5	Royalties							
			(i) Real	(ii) Personal				
		'ı i	(1) 1100	(ii) i ciccilai				
6	<b>a</b> Gross rents	6a						
b	Less: rental							
	expenses	6b						
c	Rental income or (loss)	6c						
	d Net rental income	e or (l	oss)	· · · •				
			(i) Securities	(ii) Other				
<b>_</b>	a Gross amount	11						
ľ	from sales of	7a						
	assets other than inventory							
Revenue	Less: cost or		-					
e	other basis and	7b						
ev	sales expenses							
Ľ.	Gain or (loss)	7c						
Other	d Net gain or (loss)							
Ð	a Gross income from fu			••• •				
Ĩ	(not including \$	unurais	0 of					
	contributions reporte							
	See Part IV, line 18	•	· · · 8a	98,641				
	<b>b</b> Less: direct exper	nses	8b	40,590				
	c Net income or (los	ss) fro	om fundraising eve	nts 🕨	58,051		0	58,051
		-			[			
98	Gross income from	gamir	ng activities.					
	See Part IV, line 19	).	••• 9a					
	<b>b</b> Less: direct exper	nses	9b					
	c Net income or (los			es	1			
	-				[			
10	<b>Da</b> Gross sales of inv	entorv	/, less					
	returns and allowa							
	<b>b</b> Less: cost of good	ts solo						
					I			
	c Net income or (los	ss) irc	m sales or invento	Business Code				
1	.1a		l,	Dusiness Code				
1	10							
	b							
Other	RevenueMiscAmt							
	d All other revenue							
	e Total. Add lines 1	1a-1	I. 1d					
			-					
1	2 Total revenue. S	See ins	structions		1,287,443	685,035	0	60,633

Form 990 (2022)

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Form 990 (2022)										
Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX									
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21									
	s and other assistance to domestic individuals. See /, line 22									
3 Grant	s and other assistance to foreign organizations, foreign									

**3** Grants and other assistance to foreign organizations, foreign

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4 Benefits paid to or form members	-	governments, and foreign individuals. See Part IV, lines 15 and 16.				
key employees	4	Benefits paid to or for members				
defined under section 4958(f(11)) and gesons described in section 4958(f(2)(3)(6)         70         537,320         101,561         65,519           7         Other subrices and wages         70	5					
8         Persion plan accruiss and contributions (include section d01(4) and 03(4) employee contributions)         71,720         42,851         20,785         8,084           10         Payroll taxes         51,336         44,166         0         7,130           11         Fees for services (one-employees):         1         1         1         71,720         42,051         20,785         8,084           11         Fees for services (one-employees):         1         1         1         1         1         1         0         7,130         0         0         0           Labobying	6	defined under section 4958(f)(1)) and persons described in				
40(k) and 403(b) employee contributions)            9 Other employee benefits        71,720       42,851       20,785       6,004         10 Payroli taxes         15,136       44,166       0       7,190         a Management        1,627       1,627       0       0         blegal        1,627       1,627       0       0         cAccounting        11,1575       9,955       0       1,620         d Lobbying         11,1575       9,955       0       1,620         d Lobbying                g Other (II) the 11g amout recoded 10% of line 25; column (A) amount, list line 11g expenses on Schedule O)       52,720       0       8,534       44,185         13 Office expenses               14 Information technology               15 Royalties                16 Occupancy      <	7	Other salaries and wages	704,500	537,320	101,561	65,619
10       Payroll taxes       51,336       44,166       0       7,190         11       Fees for services (non-employees):       1627       1,627       0       0         a Management       1,627       1,627       0       0       0         b Legal        1,627       1,627       0       0       0         e Professional fundraising services. See Part IV, line 17        1        1        1	8					
11 Fees for services (non-employees): <ul> <li>a Maagement</li></ul>	9	Other employee benefits	71,720	42,851	20,785	8,084
11 Fees for services (non-employees): <ul> <li>a Maagement</li></ul>	10	Payroll taxes	51,356	44,166	0	7,190
blegal						
c Accounting       11,575       9,955       0       1,620         d Lobbying              e Professional fundralising services. See Part IV, line 17             g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)             12 Advertising and promotion               13 Office expenses                 14 Information technology </td <td>a</td> <td>Management</td> <td>1,627</td> <td>1,627</td> <td>0</td> <td>0</td>	a	Management	1,627	1,627	0	0
dLobbying	b	Legal				
e Professional fundraising services. See Part IV, line 17	c	Accounting	11,575	9,955	0	1,620
f Investment management fees	ć	Lobbying				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)         52,720         0         6,534         44,186           13 Advertising and promotion         .         .         .         .         .           13 Office expenses         .         .         .         .         .         .           14 Information technology         .         .         .         .         .         .           15 Royalties         .         .         .         .         .         .         .           17 Travel         .         .         .         .         .         .         .           10 Concepancy         .         <	e	Professional fundraising services. See Part IV, line 17				
(A) amount, list line 11g expenses on Schedule O)       4         12 Advertising and promotion       49,011       44,216       0         13 Office expenses	f	Investment management fees			l l l l l l l l l l l l l l l l l l l	
13       Office expenses       49,011       44,216       0       4,795         14       Information technology       .       .       .       .       .         15       Royalties       .	g		52,720	0	8,534	44,186
Internation technology         Internatechore prevision technology         Internatio	12	Advertising and promotion				
15       Royalties       .       .       .         16       Occupancy       .       .       .       .         17       Travel       .       .       .       .       .       .         17       Travel       .	13	Office expenses	49,011	44,216	0	4,795
15       Royalties       .       .       .         16       Occupancy       .       .       .       .         17       Travel       .       .       .       .       .       .         17       Travel       .	14	Information technology				
17 Travel	15	Royalties				
18       Payments of travel or entertainment expenses for any federal, state, or local public officials .       Image: Conferences, conventions, and meetings         19       Conferences, conventions, and meetings       25,306       0       0         20       Interest	16	Occupancy				
federal, state, or local public officials19Conferences, conventions, and meetings20Interest21Depreciation, depletion, and amortization <td< td=""><td>17</td><td>Travel</td><td>11,858</td><td>9,005</td><td>1,196</td><td>1,657</td></td<>	17	Travel	11,858	9,005	1,196	1,657
20       Interest       25,306       25,306       0       0         21       Payments to affiliates             22       Depreciation, depletion, and amortization        111,818       106,881       4,937       0         23       Insurance        31,287       27,941       3,346       0         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)            a       Client support              b       Property taxes       97,533       97,533       0           c       Utilities       95,167       94,207            c       Utilities               z       Interest                 a       Client support             <	18					
21       Payments to affiliates       .       .       .         22       Depreciation, depletion, and amortization       .       .       .       .         23       Insurance       .       .       .       .       .       .         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       .	19	Conferences, conventions, and meetings				
22Depreciation, depletion, and amortization111,818106,8814,937023Insurance31,28727,9413,346024Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)31,28727,9413,3460aClient support36,670000bProperty taxes97,53397,53300cUtilities95,16794,2079600dMaintenance/repair/turnover56,73656,73600eAll other expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72925Total functional expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72926Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720).Image: Context and context an	20	Interest	25,306	25,306	0	0
23 Insurance       31,287       27,941       3,346       0         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)       a	21	Payments to affiliates				
24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e       Image: Column (A) amount, list line 24e         a       Client support       36,670       36,670       0       0         a       Client support       36,670       36,670       0       0         b       Property taxes       97,533       97,533       0       0       0         c       Utilities       95,167       94,207       960       0       0         d       Maintenance/repair/turnover       56,736       56,736       0       0       0         e       All other expenses. Add lines 1 through 24e       1,440,483       1,161,538       142,216       136,729         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720).       Image: Column 20,	22	Depreciation, depletion, and amortization	111,818	106,881	4,937	0
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)aa Client support36,67036,6700b Property taxes97,53397,53300c Utilities95,16794,2079600d Maintenance/repair/turnover56,73656,73600e All other expenses31,59927,1248973,57825Total functional expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72926Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720).LLLL	23	Insurance	31,287	27,941	3,346	0
bProperty taxes97,53397,53300cUtilities95,16794,2079600dMaintenance/repair/turnover56,73656,73600eAll other expenses31,59927,1248973,57825Total functional expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72926Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Image Solicitation. Check here Solicitation. Check here Solicitation. Check here Solicitation. Check here	24	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
cUtilities95,16794,2079600dMaintenance/repair/turnover56,73656,73600eAll other expenses31,59927,1248973,57825Total functional expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72926Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ►If following SOP 98-2 (ASC 958-720).If following SOP 98-2 (ASC 958-720).If following SOP 98-2 (ASC 958-720).If following SOP 98-2 (ASC 958-720).		a Client support	36,670	36,670	0	0
d Maintenance/repair/turnover56,73656,73600e All other expenses31,59927,1248973,57825 Total functional expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72926 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).Image: Complete the solution of th		<b>b</b> Property taxes	97,533	97,533	0	0
e All other expenses31,59927,1248973,57825Total functional expenses. Add lines 1 through 24e1,440,4831,161,538142,216136,72926Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).and the second		c Utilities	95,167	94,207	960	0
25 Total functional expenses. Add lines 1 through 24e       1,440,483       1,161,538       142,216       136,729         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		d Maintenance/repair/turnover	56,736	56,736	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.         Check here ► □ if following SOP 98-2 (ASC 958-720).		e All other expenses	31,599	27,124	897	3,578
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).	25	Total functional expenses. Add lines 1 through 24e	1,440,483	1,161,538	142,216	136,729
	26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
		Check here $\blacktriangleright$ $\Box$ if following SOP 98-2 (ASC 958-720).				

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Form 990 (	2022)			Page <b>11</b>
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	234,283	1	128,065

Liabiliti	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties	1,619,970	23	1,850,979
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	377,091	25	376,278
	26	Total liabilities. Add lines 17 through 25	2,078,214	26	2,283,937
lances	27	Organizations that follow FASB ASC 958, check here F Z and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	-93,266	27	-263,155
Ba	28	Net assets with donor restrictions	58,583	28	75,431
Assets or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
SSG	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	-34,683	32	-187,724
Net	33	Total liabilities and net assets/fund balances	2,043,531	33	2,096,213
	n <b>990</b> urt XI	(2022) Reconcilliation of Net Assets			Page <b>12</b>
		Check if Schedule O contains a response or note to any line in this Part XI $\ .$		<del></del>	
1	Tot	al revenue (must equal Part VIII, column (A), line 12)		1	1,287,443
2	Tot	al expenses (must equal Part IX, column (A), line 25)		2	1,440,483
3	Rev	venue less expenses. Subtract line 2 from line 1	3	-153,040	
4	Net	t assets or fund balances at beginning of year (must equal Part X, line 32, column (	4	-34,683	
5	Net	t unrealized gains (losses) on investments		5	
6	Dor	nated services and use of facilities		6	
7	Inv	restment expenses		7	
https:/	/proje	ects.propublica.org/nonprofits/organizations/541428495/202411209349301421/full			

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	2	Savings and temporary cash investments											2	

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	2	Savings and temporary cash investments $\ .$			2	2	
	3	Pledges and grants receivable, net		. 16,80	7 3	3	41,992
	4	Accounts receivable, net			8 4	•	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of th	stantial o	contributor, or 35%	5	;	
	6	Loans and other receivables from other disqual section 4958(f)(1)), and persons described in s			e	5	
s	7	Notes and loans receivable, net			7	,	
Assets	8	Inventories for sale or use			8	3	
Iss	9	Prepaid expenses and deferred charges		12,90	4 g	,	0
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,967,492			
	b	Less: accumulated depreciation	10b	3,575,420 1,503,89	0 10	)c	1,392,072
	11	Investments—publicly traded securities .			1	1	
	12	Investments-other securities. See Part IV, line	11 .		1	2	
	13	Investments-program-related. See Part IV, line	e11 .		1	3	
	14	Intangible assets			1	4	
	15	Other assets. See Part IV, line 11			9 1	5	534,084
	16	Total assets. Add lines 1 through 15 (must ec	qual line	33) 2,043,55	1 1	6	2,096,213
	17	Accounts payable and accrued expenses .			i3 1	7	54,170
	18	Grants payable			1	8	
	19	Deferred revenue			0 1	9	2,510
	20	Tax-exempt bond liabilities	• •		2	0	
S	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D	2	1	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contr or family member of any of these persons	ibutor, o	r 35% controlled entity	2	2	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties 1,619,9	0 2	3	1,850,979
	24	Unsecured notes and loans payable to unrelate	d third p	parties	2	4	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D		to related third parties, 377,09	1 2	5	376,278
	26	Total liabilities. Add lines 17 through 25 .		2,078,2	4 2	6	2,283,937
alances		Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33.	heck he	ere 🕨 🗹 and			
lar	27	Net assets without donor restrictions		-93,26	6 2	7	-263,155
$\mathbf{m}$	28	Net assets with donor restrictions			3 2	8	75,431
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds			2	9	
\$	30	Paid-in or capital surplus, or land, building or e			3	0	
Assets or	31	Retained earnings, endowment, accumulated ir	• •		3	1	
t A	32	Total net assets or fund balances		-34,68	_		-187,724
Net	33	Total liabilities and net assets/fund balances		2,043,53	1 3	3	2,096,213
	I						Form <b>990</b> (2022)

/20/24	I, 9:26 AM Community Lodgings Inc - Full Filing- Nonprofit Explorer - ProP	ublica			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			-187,724
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
24	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a	20		NO
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				

c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform	

Guidance, 2 C.F.R. Part 200, Subpart F? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

. . .

Form 990 (2022)

No

No

Form 990 (2022)

**Additional Data** 

**Return to Form** 

3a

3b

Software ID: 22015534 Software Version:

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Form 990, Special Condition Description:

efil	e Puł	olic Visual	Render	ObjectId: 2	20241120934930	1421 - Submi	ission: 2024-	04-29	TIN: 54-1428495
SC	HED	ULE A		Public (	Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047
(For	n 990)	)	Con		rganization is a sect	ion 501(c)(3)	organization or		2022
Depart	ment of t	he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	Revenu	e Service	►	Go to <u>www.irs</u>	. <u>gov/Form990</u> for ii			ormation.	Open to Public Inspection
		he organiza	tion					Employer identifi	
Comm	iunity L	odgings Inc						54-1428495	
	rt I				us (All organization			See instructions.	
1 ne d 1	organiz				e it is: (For lines 1 thro	5 ,	, ,	(A)(i)	
2					1)(A)(ii). (Attach Sch			(A)(I).	
3					vice organization desci	-			
4				•	ed in conjunction with			2	- nter the hospital's
-	$\cup$		and state:				bed in Section .		
5	$\square$	An organiz	ation operate	d for the benefi	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descr	ibed in <b>section</b>
6				omplete Part II.)	governmental unit de	corribod in <b>conti</b>	m 170/h)/1)/A		
7				-	a substantial part of it				ral public described in
	$\Box$	section 17	70(b)(1)(A)	(vi). (Complete	Part II.)		-	init of from the gene	
8					n 170(b)(1)(A)(vi).				
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				lege or university or a
10		An organiz	ation that no	rmally receives:	(1) more than 331/3%	6 of its support fi	rom contribution	s, membership fees,	
		investment	income and	unrelated busin	ess taxable income (le				organization after June
11	$\square$				emplete Part III.) I exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		-		•	l exclusively for the be				ne purposes of one or
		more publi on lines 12	cly supported a through 12	l organizations o d that describes	described in <b>section 5</b> s the type of supportin	<b>609(a)(1)</b> or <b>se</b>	ction 509(a)(2 nd complete line	). See section 509( s 12e, 12f, and 12g.	a)(3). Check the box
а					ated, supervised, or compoint or elect a majo				
		complete	Part IV, Sec	tions A and B.					
b					ervised or controlled in ation vested in the sar				
с			-	V, Sections A a	and C. Supporting organizatio	n operated in co	praction with ar	d functionally integr	ated with its
	$\cup$	supported	organization(	s) (see instructi	ons). You must com	plete Part IV, S	Sections A, D, a	nd E.	,
d		functionally	/ integrated.	The organizatio	n generally must satis	fy a distribution	requirement and		nization(s) that is not quirement (see
е	$\square$			-	t IV, Sections A and ved a written determin			pe I, Type II, Type II	I functionally
	Entre	integrated,	or Type III r	on-functionally	integrated supporting	organization.			,
f g								· · · · · · · · · -	
		Name of sup	ported	(ii) EIN	(iii) Type of	(iv) Is the org	anization listed	(v) Amount of	(vi) Amount of
		organizatio	n		organization (described on lines	in your govern	ing document?	monetary support (see instructions)	other support (see instructions)
					1- 10 above (see instructions))				
						Vec	No		
						Yes	No		
Tota									0
		work Reduc or 990-EZ.	tion Act No	tice, see the Iı	nstructions for	Cat. No. 11285	5F	Schedule	e A (Form 990) 2022
					Page Page Page Page Page Page Page Page	ge 2			
Cohr	dulo 1	(Earm 000)	2022						
	rt II	(Form 990)		e for Organia	ations Described	in Sections 1	70(b)(1)(A)	(iv) and 170(b)/	Page 2
гa		(Compl	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I of	or if the organi	zation failed to qu	alify under Part III.
	ction	If the o		failed to qual	ify under the tests l	isted below, pl	ease complete	Part III.)	
	ndar		Support		I	1	I	I	1

	24, 9:26 AM	Comn	nunity Lodgings In	c - Full Filing- Non	profit Explorer - Pr	oPublica	
	fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.").						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						
S	ection B. Total Support						
Ca	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(C) 2020	( <b>u</b> ) 2021	(e) 2022	
7 8	Amounts from line 4 Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					🕨 🗆	
S	ection C. Computation of Public						
-	Public support percentage for 2022 (lin	o 6 column (f) di	uided by line 11	(f)			0.01
	Public support percentage for 2022 (iii)	ie o, column (r) ur	vided by line 11, d	201umn (r))		14	0 %
14	Public support percentage for 2022 (inf Public support percentage for 2021 Sch					14	0 %
14 15		nedule A, Part II, l	ine 14			15	
14 15	Public support percentage for 2021 Sch <b>33</b> 1/3% support test—2022. If the and stop here. The organization qualit	nedule A, Part II, li organization did no fies as a publicly s	ine 14 ot check the box o upported organiza			<b>15</b> more, check this t	oox ▶□
14 15	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the and stop here. The organization qualit	nedule A, Part II, li organization did no fies as a publicly s	ine 14 ot check the box o upported organiza			<b>15</b> more, check this t	oox ▶□
14 15 16a b	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the and stop here. The organization qualit 33 1/3% support test—2021. If the box and stop here. The organization	nedule A, Part II, li organization did no fies as a publicly s organization did r qualifies as a publ	ine 14	n line 13, and line ation I line 13 or 16a, a ganization	e 14 is 33 1/3% or 	<b>15</b> more, check this t 	00x ▶ □ < this ▶ □
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14 15 16a b 17a b 18 	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the a and stop here. The organization qualif 33 1/3% support test—2021. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts- meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets th meets the "facts-and-circumstances" Private foundation. If the organization instructions	hedule A, Part II, li organization did no fies as a publicly s organization did r qualifies as a publ -2022. If the org s-and-circumstanc est. The organizati t-2021. If the or he "facts-and-circu test. The organization on did not check a	ine 14	n line 13, and line ation n line 13 or 16a, a ganization check a box on lin is box and <b>stop h</b> oublicly supported check this box and publicly supported 6a, 16b, 17a, or 1 	<ul> <li>14 is 33 1/3% or</li> <li>14 is 33 1/3% or</li> <li>nd line 15 is 33 1/</li> <li>e 13, 16a, or 16b,</li> <li>ere. Explain in Pai</li> <li>organization</li> <li>ne 13, 16a, 16b, or</li> <li>stop here. Explaid</li> <li>d organization</li> <li>7b, check this box</li> <li></li> </ul>	15           more, check this b           a% or more, check           a           a% or more, check              add line 14 is 10           rt VI how the orga              or 17a, and line 15           in in Part VI how th           and see	00X         < this
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14 15 16a 17a b 17a 17a 17a 17a 17a 5 Ca (or 1	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the of and stop here. The organization qualif 33 1/3% support test—2021. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact: meets the "facts-and-circumstances test more, and if the organization meets th meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets th meets the "facts-and-circumstances" to Private foundation. If the organization instructions	hedule A, Part II, li organization did no fies as a publicly s organization did r qualifies as a publ -2022. If the org s-and-circumstance est. The organization t-2021. If the or he "facts-and-circu test. The organization on did not check a 	ine 14	n line 13, and line ation n line 13 or 16a, a ganization check a box on lin is box and <b>stop h</b> oublicly supported check a box on lin heck this box and publicly supported 5a, 16b, 17a, or 1  <b>n Section 509(</b> Part I or if the or below, please co (c) 2020	<ul> <li>14 is 33 1/3% or</li> <li>14 is 33 1/3% or</li> <li>nd line 15 is 33 1/</li> <li>e 13, 16a, or 16b,</li> <li>ere. Explain in Pai</li> <li>organization</li> <li>ne 13, 16a, 16b, or</li> <li>stop here. Explaid</li> <li>d organization</li> <li>7b, check this box</li> <li></li> <li>a)(2)</li> <li>rganization failed</li> <li>omplete Part II.</li> <li>(d) 2021</li> </ul>	15           more, check this b	00X         < this
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14 15 16a 17a b 17a 17a 17a 17a 17a 5 Ca (or 1	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the u and stop here. The organization qualit 33 1/3% support test—2021. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact: meets the "facts-and-circumstances" to 10%-facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets th meets the "facts-and-circumstances" Private foundation. If the organization instructions	hedule A, Part II, li organization did no fies as a publicly s organization did r qualifies as a publ -2022. If the org s-and-circumstance est. The organization t-2021. If the or he "facts-and-circu test. The organization on did not check a 	ine 14	n line 13, and line ation n line 13 or 16a, a ganization check a box on lin is box and <b>stop h</b> oublicly supported check a box on lin heck this box and publicly supported 5a, 16b, 17a, or 1  <b>n Section 509(</b> Part I or if the or below, please co (c) 2020	<ul> <li>14 is 33 1/3% or</li> <li>14 is 33 1/3% or</li> <li>nd line 15 is 33 1/</li> <li>e 13, 16a, or 16b,</li> <li>ere. Explain in Pai</li> <li>organization</li> <li>ne 13, 16a, 16b, or</li> <li>stop here. Explaid</li> <li>d organization</li> <li>7b, check this box</li> <li></li> <li>a)(2)</li> <li>rganization failed</li> <li>omplete Part II.</li> <li>(d) 2021</li> </ul>	15           more, check this b	00X         < this
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14 15 16a b 17a b 18 	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the u and stop here. The organization qualit 33 1/3% support test—2021. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact: meets the "facts-and-circumstances" to 10%-facts-and-circumstances" to 10%-facts-and-circumstances" to meets the "facts-and-circumstances" to meets the "facts-and-circumstances" Private foundation. If the organization instructions	hedule A, Part II, li organization did no fies as a publicly s organization did r qualifies as a publ -2022. If the org s-and-circumstance est. The organization t-2021. If the or he "facts-and-circu test. The organization on did not check a 	ine 14	n line 13, and line ation n line 13 or 16a, a ganization check a box on lin is box and <b>stop h</b> oublicly supported check a box on lin heck this box and publicly supported 5a, 16b, 17a, or 1  <b>n Section 509(</b> Part I or if the or below, please co (c) 2020	<ul> <li>14 is 33 1/3% or</li> <li>14 is 33 1/3% or</li> <li>nd line 15 is 33 1/</li> <li>e 13, 16a, or 16b,</li> <li>ere. Explain in Pai</li> <li>organization</li> <li>ne 13, 16a, 16b, or</li> <li>stop here. Explaid</li> <li>d organization</li> <li>7b, check this box</li> <li></li> <li>a)(2)</li> <li>rganization failed</li> <li>omplete Part II.</li> <li>(d) 2021</li> </ul>	15         more, check this b	00X         < this

9/20/24	4, 9:26 AM	Comn	nunity Lodgings Ind	c - Full Filing- Non	profit Explorer - Pr	oPublica	
	paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to						
6	the organization without charge <b>Total.</b> Add lines 1 through 5	1,209,776	1,464,708	1,743,999	1,207,333	1,204,803	6,830,619
	Amounts included on lines 1, 2, and	1,209,770	1,404,700	1,745,555	1,207,555	1,204,003	· · · · ·
	3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line	48,422	45,184	273,348	30,705	30,705	428,364
c	13 for the year. Add lines 7a and 7b.	48,422	45,184	273,348	30,705	30,705	428,364
8	<b>Public support.</b> (Subtract line 7c	10/122	10/101	2707010	50,705	50,700	
	from line 6.)						6,402,255
_	ction B. Total Support		r	r	r		<b>.</b>
	ndar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.	1,209,776	1,464,708	1,743,999	1,207,333	1,204,803	6,830,619
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources.	996	846	472	36	2,582	4,932
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
с	Add lines 10a and 10b.	996	846	472	36	2,582	4,932
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	6,475	0	7,567	5,017	58,051	77,110
13	Total support. (Add lines 9, 10c,						6,912,661
14	11, and 12.) First 5 years. If the Form 990 is for the form 10 is form 10 is for the form 10 is for 10 is form 10 is for 10	the organization's	first, second, thir	d, fourth, or fifth t	tax vear as a secti	on 501(c)(3) orga	nization, check
14	this box and <b>stop here</b>						_
Se	ction C. Computation of Public						
15	Public support percentage for 2022 (li			column (f)) .		15	92.620 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	92.370 %
	ction D. Computation of Invest	tment Income	Percentage				
17	Investment income percentage for 20			line 13, column (	f))	17	0.070 %
18	Investment income percentage from 2	-				18	0.040 %
	33 1/3% support tests-2022. If the	organization did	not check the box	on line 14, and lin	ne 15 is more thar		
194	more than 33 1/3%, check this box an						
b	<b>33</b> 1/3% support tests—2021. If th not more than 33 1/3%, check this box	e organization dic	I not check a box	on line 14 or line 3	19a, and line 16 is	more than 33 1/3	% and line 18 is
20	,	-	-		,		_
	Private foundation. If the organizat	ion did not check	a box on line 14,	19a, or 19b, check	this box and see		Form 990) 2022
			Page 4				
			Tage 4				
Schee	dule A (Form 990) 2022						Page <b>4</b>
Par	t IV Supporting Organization	าร					
	(Complete only if you checked box 12b, of Part I, complete So	ections A and C. I	f you checked box				
	12d, of Part I, complete Sectio	ons A and D, and d	complete Part V.)				

56	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).			
	described in section $509(d)(1)$ of (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination			
	determination.	3b		
-			I	I

. . . .

С	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	30		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	<b>F</b> -		
	amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35\%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
54	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	104		
	the organization had excess business holdings).	10b		
	Schedule A	(Forn	1 990)	2022
	Page 5			
Scho	dule A (Form 990) 2022			<b>F</b>
	t IV Supporting Organizations (continued)		ŀ	Page 5
1 01			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ection B. Type I Supporting Organizations		Y	
	Did the officers directors tructors or membership of one or never superiod superiodices have the never to member		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
2	operated, supervised, or controlled the supported organization(s) that operated, supervised or controlled the supported organization(s) that operated, supervised or controlled the supporting carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		

## Section C. Type II Supporting Organizations

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Yes No

1	were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **a**  $\square$  The organization satisfied the Activities Test. Complete **line 2** below.
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

# 3b Schedule A (Form 990) 2022

2a

2b

3a

Yes

No

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Schedule A (Form 990) 2022
----------------------------

# rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Page 6

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		

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е	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1 2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2	
2	Enter 85% of line 1	2	
2	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	
2 3 4	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	2 3 4	
2 3 4 5	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	ted Type III supporting organization (see Schedule A (Form 990) 20

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### Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (co	ntinued	)
Section D - Distributions	Current Year			
<b>1</b> Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
<b>4</b> Amounts paid to acquire exempt-use assets			4	
<b>5</b> Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )		5	
6 Other distributions ( <i>describe in Part VI</i> ). See instructio	ins		6	
7 Total annual distributions. Add lines 1 through 6.			7	
<ul> <li>8 Distributions to attentive supported organizations to wheele details in Part VI). See instructions</li> </ul>	nich the organization is respons	sive ( <i>provide</i>	8	
<b>9</b> Distributable amount for 2022 from Section C, line 6			9	
<b>10</b> Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (i) (see instructions) Excess Distributions Pre-2022			ns	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6				
<ol> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> </ol>				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2020				
<b>e</b> From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				

Page 7

<b>b</b> Applied to 2022 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<ul> <li>5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>		
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
<b>b</b> Excess from 2019		
c Excess from 2020		
d Excess from 2021		
e Excess from 2022.		
	Sch	edule A (Form 990) (2022)

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### Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test					
Return Reference	Explanation				
Pt III Ln 12	Other Income Part III, Line 12 Description: Special event income - net 2018: 6475. 2019: 0. 2020: 7567. 2021: 5017. 2022: 58051. Description:				

Schedule A (Form 990) 2022

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# **Additional Data**

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Software ID: 22015534 Software Version:

efile Public Visual Reno	der Objectld: 202411209349301421 - Submission: 2024-04-29		TIN: 54-1428495
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990)       ► Attach to Form 990, 990-EZ, or 990-PF.         Department of the Treasury Internal Revenue Service       ► Go to www.irs.gov/Form990			2022
Name of the organization		Employer ide	entification number
Community Lodgings Inc		54-1428495	5
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	Indation	
	□ 527 political organization		
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion	
	$\Box$ 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)
F	age 2	
Schedule B (Form 990) (2022)		Page 2

Schedule B (Form 990) (2022) Name of organization

Employer identification number

EA 142040E

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person     Payroll     Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Schedule E	3 (Form 990) (2022)		Page 3	
Name of org Community	ganization Lodgings Inc	Employer identification number		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is neede	54-1428495 d.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

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-			\$	
				-
(a) No. from Part I	(b) Description of noncash property given		(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) (b) No. from Description of noncash property given		property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) No. from Part I	o. from Description of poperty given		(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I	No. from Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
	I			Schedule B (Form 990) (2022)
		Page 4		
Schedule	B (Form 990) (2022)			Page 4
Name of or	rganization / Lodgings Inc		Employer id	entification number
Part III		tributions to organizations does	54-1428495	(9) or $(10)$ that total more
T alt III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) t e total of <i>exclusively</i> religious, c structions.)▶ \$	hrough (e) and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-				
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee
		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-				
ļ	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee

(a) No from (h) Purnose of aift (c) lles of aift https://projects.propublica.org/nonprofits/organizations/541428495/202411209349301421/full

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Part I	(%) - 4:2000 0: 3:11	(0) 000 01 give	
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relationsh	ip of transferor to transferee
		<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relationsh	ip of transferor to transferee
<b>I</b>			Schedule B (Form 990) (2022)

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render ObjectId: 202411209349301421 - Submission: 2024-04-29			29	TIN: 54-1428495				
SCHEDULE D		Supplemen	tal Financial Sta	tomonts		OMB No. 1545-0047		
(Form 990)		Supplement	Supplemental Financial Statements			2022		
			▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2022		
Department of the Treasury			Attach to Form 990.			<b>Open to Public</b>		
	ernal Revenue Service <b>Form 990</b> for instructions and the latest information.			Inspection				
Name of the organization     Employer identify       Community Lodgings Inc     Employer identify					ification number			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
Pa						counts.		
·	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts							
1	Total number at	end of year .						
2	Aggregate value	of contributior	ns to (during year)					
3	Aggregate value	of grants from	(during year)					
4	Aggregate value	at end of year						
5				rs in writing that the assets h clusive legal control?		d funds are the	e 🗌 Yes 🗌 No	
6	Did the organiza	ation inform all	grantees donors and do	onor advisors in writing that o	rant funds can be u	sed only for		
-	charitable purpo	ses and not fo	or the benefit of the donor	or donor advisor, or for any	other purpose confe		sible	
							🗌 Yes 🗌 No	
Pa		vation Ease		c" on Form 000 Part IV/	ino 7			
1				<u>s" on Form 990, Part IV, I</u> nization (check all that apply				
-			public use (e.g., recreation		eservation of an histo	orically imports	ant land area	
	$\square$	of natural hab			eservation of a certif	ied historic stru	ucture	
_		on of open spa						
2	easement on the			qualified conservation contril	bution in the form of		he End of the Year	
а					2a	Tield at th		
b	Total acreage res	stricted by con	servation easements					
с	Number of conse	ervation easem	nents on a certified histori	c structure included in (a) .	2c			
d			nents included in (c) acqui National Register .	ired after July 25, 2006, and	not on a 2d			
3	Number of const tax year <b>&gt;</b>	ervation easer	nents modified, transferre	d, released, extinguished, or	terminated by the c	organization du	ring the	
4	Number of state	s where prope	rty subject to conservatio	on easement is located 🕨				
5	Does the organi	zation have a	written policy regarding th	ne periodic monitoring, inspe	ction, handling of vid	plations,		
	and enforcemen	t of the conse	rvation easements it holds	5?			Yes 🗌 No	
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, a	and enforcing conser	vation easeme	ents during the year	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and e	nforcing conservatio	n easements d	uring the year	
c	·	nution coord	-	above satisfy the requirement	nto of contine 170/1-1			
8							Yes 🗌 No	
9	balance sheet, a	and include, if		ervation easements in its rev footnote to the organization ts.			es	
Par				of Art, Historical Treas		Similar Asse	ts.	
				<u>s" on Form 990, Part IV, I</u> SC 958, not to report in its re		d halance choo	t works of art	
1a	historical treasu	res, or other s	imilar assets held for pub	lic exhibition, education, or re ents that describes these iter	esearch in furtheran			
b	If the organizati historical treasu following amour	res, or other s	imilar assets held for pub	SC 958, to report in its revenu lic exhibition, education, or re	ue statement and ba esearch in furtherand	lance sheet wo ce of public ser	orks of art, rvice, provide the	
(	i) Revenue includ	ed on Form 99	00, Part VIII, line 1			. ▶\$		
2	If the organizati	on received or	held works of art, histori	cal treasures, or other simila ASC 958 relating to these iter	r assets for financial		the	
а	-		•	· · · · · · · · · · · · · · · · · ·		►\$		
b	Assets included	in Form 990, I	Part X			. ▶\$		
For I				ns for Form 990.			le D (Form 990) 2022	

		— Page 2							
Schedule D (Form 990) 2022		5							De e e '
Part III Organizations Maintaining Co	llections	f Art Histor	ical Tr	025UF05	or Othe	r Similar Ac	sets (conti	nued)	Page 2
<ul> <li>Using the organization's acquisition, accessio items (check all that apply):</li> </ul>									
a Public exhibition		d		Loan or e	xchange pr	ograms			
b		е	_		5 .				
Scholarly research				other					
<b>c</b> Preservation for future generations									
4 Provide a description of the organization's co Part XIII.	llections and	explain how the	ey furth	er the org	anization's	exempt purpos	se in		
<ul> <li>During the year, did the organization solicit o assets to be sold to raise funds rather than to</li> </ul>							🗌 Yes		io
Part IV Escrow and Custodial Arrange Complete if the organization ansu- line 21.		' on Form 990	, Part I	V, line 9	, or repor	ted an amour	nt on Form	990,	Part X,
<b>1a</b> Is the organization an agent, trustee, custod included on Form 990, Part X?							🗌 Yes		o
<b>b</b> If "Yes," explain the arrangement in Part XIII	and comple	te the following	table:			Aı	mount		—
<b>c</b> Beginning balance	•	-			1c				_
<b>d</b> Additions during the year					1d				_
${\bf e}$ Distributions during the year					1e				_
f Ending balance					1f				_
2a Did the organization include an amount on Fo	orm 990, Par	t X, line 21, for	escrow	or custod	ial account	liability?	🗌 Yes		0
<b>b</b> If "Yes," explain the arrangement in Part XIII	. Check here	e if the explanat	ion has	been prov	vided in Par	t XIII			
Part V Endowment Funds.			Dout		0				
Complete if the organization ansu	(a) Currer		rior year		U. wo years bac	k (d) Three yea	ars back (e) F	our yea	rs back
1a Beginning of year balance									
<b>b</b> Contributions									
${\bf c}~$ Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the curr	ent year end	balance (line 1	g, colun	nn (a)) he	eld as:				
a Board designated or quasi-endowment									
Permanent endowment									
c Term endowment ► The percentages on lines 2a, 2b, and 2c shou	ild equal 100	1%							
<b>3a</b> Are there endowment funds not in the posses	•		t are he	ld and ad	ministered	for the			
organization by:							·	Yes	No
(i) Unrelated organizations			• •		•		3a(i) 3a(ii)		<b></b>
<ul><li>(ii) Related organizations</li><li>b If "Yes" on 3a(ii), are the related organization</li></ul>					•		3b		
4 Describe in Part XIII the intended uses of the		•							
Part VI Land, Buildings, and Equipme									
Complete if the organization ansu									
Description of property (a) Cost or ot (investm		(b) Cost or other	basis (o	( <b>c</b>	Accumulate	d depreciation	( <b>a</b> ) Bo	ok value	3
<b>1a</b> Land	0		33	5,310					336,310
<b>b</b> Buildings	0			8,156		3,105,002			833,154
c Leasehold improvements				0,035		281,378			158,657
d Equipment				4,006		144,595			19,411
e Other				, 8,985		44,445			44,540
Total. Add lines 1a through 1e. (Column (d) must	equal Form S	990, Part X, colu	ımn (B),	line 10(0	:).)	•		1	,392,072

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	<b>Investments - Other Securities.</b> Complete if the organization answered "Yes" on Form 990,	Part IV.	line 11b.See For	m 990. P	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Metho	d of valuation: -year market value
	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related.				
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV,	(b) Book value	(0	:) Method of valuation:
(1)				Cost o	r end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colun Part IX	nn (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	•			
	Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See For	m 990, P	
(1)Escrows	(a) Description				(b) Book value 83,585
(2)Deposit					0
(3)Work in (3)	process				450,499
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)				534,084
Part X	Other Liabilities.	• •			· · · ·
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability	Part IV, I	ine 11e or 11f.S	ee Form 9	990, Part X, line 25. (b) Book value

(1) Federal income taxes

245 200

9/20/24, 9:26 AM

Section 734 aujustinent	343,290
Security deposit	30,980
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	376,278
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be	een provided in Part XIII 🛛 🗹

Dago 4

Schedule D	(Form	990)	2022

	raye 4		
Schee	dule D (Form 990) 2022		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	1,447,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities <b>2b</b> 103,130		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	181,972
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,265,436
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,265,436
Par	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	r <b>n.</b>
1	Total expenses and losses per audited financial statements	1	1,622,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	181,973
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,440,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	1,440,483
Par	t XIII Supplemental Information		
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V, line	e 4; Part X, line 2; Part XI,

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Pt X, Line 2	CLI follows the guidance of Accounting Standards
Pt X, Line 2	Codification (ASC) 740, Accounting for Income Taxes,
Pt X, Line 2	related to uncertainties in income taxes, which prescribes
Pt X, Line 2	a threshhold of more likely than not for recognition and
Pt X, Line 2	derecognition of tax positions taken or expected to be
Pt X, Line 2	taken in a tax return. There are no such uncertain tax
Pt X, Line 2	positions for CLI for the year ended June 30, 2023.
Pt XI, Line 2d	Rent subsidy and direct fundraising

Schedule D (Form 990) 2022

# **Additional Data**

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Software ID: 22015534 Software Version:

efile Public Visual Render ObjectId: 202411209349301421 - Submission: 2024-04-29							4-29	TIN: 54-1428495
SCHEDULE G		Supple	ment	al Inf	ormation Rega	rding		OMB No. 1545-0047
(Form 990)	Cor	Fund	raisir	na or	Gaming Activi	ties	9, or if the	2022
Department of the Treasury Internal Revenue Service		organizat	ion entere Atta	d more tha ch to Form	n \$15,000 on Form 990-EZ, 990 or Form 990-EZ. instructions and the latest i	line 6a.	-,	Open to Public Inspection
Name of the organization Community Lodgings Inc							Employer ide	entification number
							54-1428495	
-		<b>ies.</b> Complete if re not required t	-		answered "Yes" on F	orm 990,	, Part IV, line :	17.
		•			ollowing activities. Check	all that a	pply.	
a 🗌 Mail solicitations	-		-		e 🗌 Solicitation of nor	n-governm	ent grants	
<b>b</b> 🗌 Internet and emai	l solicitat	ions		1	f 🗌 Solicitation of gov	vernment g	grants	
c 🗌 Phone solicitations	5			ç	J 🗌 Special fundraisin	ig events		
<b>d</b> 🗌 In-person solicitat	ions							
					vidual (including officers) on with professional fund			
	ghest pai	d individuals or ent	tities (fur		pursuant to agreements		U Y	′ <b>es └── No</b> er is
(i) Name and address of in or entity (fundraiser)		(ii) Activity	fundrai cust con	) Did iser have ody or trol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	butions? No				
<b>3</b> List all states in which t licensing.	he organi	ization is registered	d or licen	sed to sol	icit contributions or has	been notifi	ied it is exempt	from registration or
For Paperwork Reduction Act	t Notice, s	ee the Instructions	for Form	990 or 99	O-EZ. Cat. No	. 50083H	S	ichedule G (Form 990) 2022
				— Pa	ige 2			
Schedule G (Form 990) 202	2							Page 2
than \$15,00	0 of fun				inswered "Yes" on For gross income on Forr			

/20/2	24, 9:26 AM	Community Lodging	gs Inc - Full Filing- Nonprof	it Explorer - ProPublica	
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		Sneaker Ball	Spring Forward		(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
ale					
Revenue					
Rel					
	<b>1</b> Gross receipts	74,226	24,270		98,496
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	74,226	24,270		98,496
		74,220	24,270		50,490
	4 Cash prizes				
es					
ens	<b>6</b> Rent/facility costs				
Direct Expenses	<b>7</b> Food and beverages				
ğ	8 Entertainment				
ā	<b>9</b> Other direct expenses	30,911	9,680		40,591
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	40,591
	11 Net income summary. Subtract line 10	from line 3, column (d)		🕨	57,905
Dec	rt III Gaming. Complete if the org	· · · · · · · · · · · · · · · · · · ·			
Pa	on Form 990-E7 line 63	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
	on Form 990-EZ, line 6a.	anization answered "Ye		V, line 19, or reported	
	on Form 990-EZ, line 6a.	anization answered "Ye (a) Bingo	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	on Form 990-EZ, line 6a.		(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue	111 Gaming. Complete if the org. on Form 990-EZ, line 6a.     1 Gross revenue		(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue	on Form 990-EZ, line 6a.		(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1       Gross revenue         2       Cash prizes         3       Noncash prizes		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes		(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue	on Form 990-EZ, line 6a.         1       Gross revenue         2       Cash prizes         3       Noncash prizes		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1         Gross revenue         2         Cash prizes         3         Noncash prizes         4         Rent/facility costs         5         Other direct expenses         6         Volunteer labor	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1         Gross revenue         2         Cash prizes         3         Noncash prizes         4         Rent/facility costs         5         Other direct expenses	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1         Gross revenue         2         Cash prizes         3         Noncash prizes         4         Rent/facility costs         5         Other direct expenses         6         Volunteer labor	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
Expenses Revenue	on Form 990-EZ, line 6a.         1         Gross revenue         2         Cash prizes         3         Noncash prizes         4         Rent/facility costs         5         Other direct expenses         6         Volunteer labor         7         Direct expense summary. Add lines 2 to	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming . Yes% . No	(d) Total gaming (add col.
Direct Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 the state(s) in which the organizate Is the organization licensed to conduct g	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming . Yes% . No	(d) Total gaming (add col. (a) through col.(c))
Direct Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 to 100 memory. Subtract         8 Net gaming income summary. Subtract         Enter the state(s) in which the organization licensed to conduct good of the state.         If "No," explain:	(a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bi	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Direct Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 to 100 memory. Subtract         8 Net gaming income summary. Subtract         Enter the state(s) in which the organization licensed to conduct good of the state.         If "No," explain:	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 	(d) Total gaming (add col. (a) through col.(c))
Direct Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 to         8 Net gaming income summary. Subtract         Enter the state(s) in which the organization         Is the organization licensed to conduct go         If "No," explain:	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming . Yes% . No 	(d) Total gaming (add col. (a) through col.(c))
q e 6 Direct Expenses Revenue	on Form 990-EZ, line 6a.         1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lines 2 to         8 Net gaming income summary. Subtract         Enter the state(s) in which the organization         Is the organization licensed to conduct go         If "No," explain:         Were any of the organization's gaming line	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming . Yes% No 	(d) Total gaming (add col. (a) through col.(c))

Schedule G (Form 990) 2022

Sche	ule G (Form 990) 2022 Page
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility         .<
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name 🕨
15a	Address Contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$
с	If "Yes," enter name and address of the third party:
	Name 🕨
	Address
16	Gaming manager information: Name ► Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
т, а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $\triangleright$ \$
Par	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	Return Reference Explanation
	Schedule G (Form 990) 2022

**Additional Data** 

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Software ID: Software Version:

efil	e Public Visua	al Render	ObjectId: 2	02411209349301421 -	· Submission: 2024-0	4-29	TIN: 54-	1428	495
SCH	EDULE M		-	Noncash Contri			OMB No. 1		
(For	m 990)	► Attach to For	he organizat m 990.	ions answered "Yes" on F	2022				
	ment of the Treasury Revenue Service	• 30 to <u>www.n</u>	<u>13.9077101111</u>				Open to Inspe	ection	1
	e of the organizat nunity Lodgings Inc	ion				Employer iden	tification n	umber	
Ра	rt I Types	of Property		-					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determin ontribution a		S
2 3	Art—Works of ar Art—Historical tr Art—Fractional ir	easures . nterests							
	Books and public Clothing and hou goods	isehold	X		44,90	8 estimate			
7 8	Cars and other v Boats and planes Intellectual prop Securities—Publi	s							
10 11	Securities—Close Securities—Partr or trust interest	ely held stock hership, LLC, is							
13	Securities—Misco Qualified conser- contribution—H structures	vation istoric							
	Qualified conservices contribution—O Real estate—Res	ther							
17 18 19	Real estate—Cor Real estate—Oth Collectibles . Food inventory	er 							
21 22	Drugs and medic Taxidermy Historical artifac Scientific specim	ts							
24 25	Archeological art Other ► ( Other ► (	ifacts							
27 28	Other ► ( Other ► (	)	by the organiza	ation during the tax year for	contributions				
	for which the org	ganization comple	ted Form 828	3, Part IV, Donee Acknowledg	gement	29		Yes	No
30a	hold for at least	three years from	the date of the	y contribution any property r ne initial contribution, and wh	nich isn't required to be use	ed for exempt	must <b>30a</b>		No
		e the arrangeme							
31 32a	Does the organi	zation hire or use	third parties	olicy that requires the reviev or related organizations to se	olicit, process, or sell nonca		31		No
	If "Yes," describ	e in Part II.		· · · · · · · · · · ·			32a		No
	describe in Part	II.		column (c) for a type of prop					<u> </u>
For Pa	aperwork Reducti	on Act Notice, see	the Instruction	ns for Form 990.	Cat. No. 512273	Sche	dule M (Form	990) (	2022)

 Schedule M (Form 990) (2022)

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

Page **2** 

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also

	rn Refere		any additional information.	Explanation			
					Schedu	ıle M (Form 990) (2022)	
Additiona	l Dat	а				Return to Form	
				ftware ID: e Version:			
efile Public	Visual	Render	ObjectId: 202411209	9349301421 - Submission: 2024	-04-29	TIN: 54-1428495	
SCHEDUL Form 990) Department of the Trea Internal Revenue Serv	asury		Complete to provide inform Form 990 or 990-EZ o ► Attac	rmation to Form 990 or mation for responses to specific ques or to provide any additional informat ch to Form 990 or 990-EZ. w/Form990 for the latest informatio	stions on ion.	OMB No. 1545-0047	
Name of the org	anizatio	n	P do to <u>mmmsigo</u>	tor the latest mornatio		dentification number	
Community Lodging	gs Inc				54-1428495		
Return Reference				Explanation			
Pt VI, Line 11b	The 99	0 is provided	d to the finance committee fo	or review			
Pt VI, Line 11b	and ap	proval for fili	ng. The 990 is provided to th	le			
Pt VI, Line 11b	full boa	full board after approval by the finance committee.					
Pt VI, Line 15a	The bo	ard and the	executive director look at co	mpetitive			
Pt VI, Line 15a	data fo	r area non-p	rofit salaries.				
Pt VI, Line 15b	The bo	oard and the	executive director look at co	mpetitive			
Pt VI, Line 15b	data fo	r area non-p	rofit salaries.				
Pt VI, Line 19	Docum	ients are ava	ailable upon request.				
Other	Part XI	I, Line 9 - ro	unding				

**Additional Data** 

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